

Williamson County Benefits Department
ACH Credit/Debit Bank Draft Authorization Form
For Retiree Insurance Premiums

****Effective Date to Begin Draft:**

Retiree Name: _____ Social Security #: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: Daytime: _____ Cell: _____

Bank Name: _____ City: _____ State: _____

Financial Institution Routing Number: _____

Checking/Savings* (Circle One) Account Number: _____

Date of Deduction Each Month: _____ 1st OR _____ 15th

_____ Check here if this is your initial request for Credit/Debit Authorization

_____ Check here if this is a change. Verify old account number: _____

Please mail this form with a voided check to:

Williamson County Benefits Department
Attn: Laurie Gulan
1320 West Main Street, Suite 204 B
Franklin, TN 37064

I (we) hereby authorize WILLIAMSON COUNTY GOVERNMENT to initiate a Charge or Credit entry to my (our) checking/savings account at the Financial Institution indicated above, and initiate adjustments (if necessary) for any transactions credited/debited in error. This authority will remain in effect until The Company is notified by me (us) in writing to cancel it in such time as to afford The Company and Financial Institution a reasonable opportunity to act on it.

Authorized Account Signature

Date

***For Savings Account enclose a Savings Withdrawal Slip**

6/26/2007